

# Change or Add a Successor Account Owner Form

**CollegeCounts**<sup>SM</sup>  
Alabama's 529 Fund  
ADVISOR PLAN

PO Box 85290  
Lincoln, NE 68501-5290  
CollegeCounts529advisor.com

- Complete this form to change or add a Successor Account Owner to your CollegeCounts 529 Fund Account.
- The Successor Account Owner becomes the Account Owner of the Account in the event the Account Owner dies. You cannot name a Successor Account Owner for an Account funded with UGMA/UTMA assets.
- This designation will replace any Successor Account Owner designation already on file.
- The new Successor Account Owner must be a U.S. citizen or U.S. resident alien.
- Return this completed form to:

**Regular Mail:**

CollegeCounts 529 Fund  
PO Box 85290  
Lincoln, NE 68501-5290

**Overnight Mail:**

CollegeCounts 529 Fund  
6811 S. 27th Street  
Lincoln, NE 68512

- For assistance, call toll-free: 866.529.2228 or contact your financial advisor.

## 1 CollegeCounts 529 Fund Account Information

Account Number

Account Owner's Social Security Number

Account Owner's First Name

M.I.

Last Name

Phone

Designated Beneficiary's First Name M.I. Last Name

Designated Beneficiary's Date of Birth

## 2 Change or Add a Successor Account Owner

The Successor Account Owner becomes the Account Owner of the Account in the event the Account Owner dies. You cannot name a Successor Account Owner for an Account funded with UGMA/UTMA assets. This designation will replace any Successor Account Owner designation already on file. The new Successor Account Owner must be a U.S. citizen or U.S. resident alien.

First Name

M.I.

Last Name

Mailing Address

City, State, ZIP

Residency Status:  U.S. Citizen  U.S. Resident Alien

Social Security Number

Date of Birth

- OR -

Taxpayer Identification Number (if applicable)

Date of Trust (if applicable)

Questions? Please call toll-free 866.529.2228.

I certify that all of the information contained herein is true and correct. I direct the CollegeCounts 529 Fund to make all the changes indicated above.

**Signature and Date Required**

X

Signature of Account Owner Date



*Offered by the  
State of Alabama*

UBT 529 Services a Division of



*Program Manager*

**Questions? Please call toll-free 866.529.2228.**